

Substitute for form 1449/PTO (Revised 07/2007) INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/763,875
				Filing Date	January 23, 2004
				First Named Inventor	Horton, et al.
				Art Unit	2617
				Examiner Name	Matthew C. Sams
Sheet	1	of	2	Attorney Docket Number	018360/269788

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Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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Examiner Signature	/Matthew Sams/ (11/09/2009)	Date Considered	
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.S./

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